

**RULES
OF
TENNESSEE DEPARTMENT OF PUBLIC HEALTH
BUREAU OF MEDICAL CARE SERVICES
DIVISION OF MEDICAID**

**CHAPTER 1200-13-3
MEDICAID MEDICAL CARE ADVISORY COMMITTEE**

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1200-13-3-.01 PURPOSE. The purpose of the Medicaid Medical Care Advisory Committee shall be twofold:

- (1) To advise the State Department of Health, and other agencies and bodies as requested and as appropriate on matters concerned with:
 - (a) The operation of the program
 - (b) The scope of the program
 - (c) Fiscal soundness of the program
 - (d) Plans for alteration and expansion of the program from time to time
 - (e) Any other matters of major import with respect to the operation of the Medicaid program.
- (2) To discharge a liaison function between those departments and individuals responsible for actual administration of the Medicaid program and those provider groups represented on the Committee responsible for actual execution of the program in the form of delivery of services to recipients. Each member of the Committee has the responsibility to keep the organization or group which he represents informed of pertinent details concerning the operation of the program. Each member should inform the committee and the State Health Department of problems in the execution of the program.

Authority: T.C.A. Section 14-1921. **Administrative History:** Original Rule filed August 15, 1979; effective September 29, 1979. Repealed and New Rule filed December 17, 1980; effective February 2, 1981.

1200-13-3-.02 FUNCTION. The Committee may have the following specific functions:

- (1) Review and comment upon proposed policy decisions relative to the operation of the Medicaid program.
- (2) When appropriate, initiate policy recommendations relative to the Medicaid program.
- (3) Formulate or cause to have formulated, evaluate and make recommendations concerning long range goals and objectives of the program.
- (4) Formulate and make recommendations for objectives in the area of program analysis and evaluation, including surveillance and utilization review.

(Rule 1200-13-3-.02, continued)

- (5) Promote and interpret to provider groups and other appropriate groups and individuals, the program and goals of the Medicaid program.
- (6) Advise on administrative and fiscal matters as may be appropriate.
- (7) Consider and advise on proposed and anticipated legislative changes in the operation of the program.
- (8) Make recommendations on the standards, quality and cost of medical services, personnel and facilities.
- (9) Monitor and make recommendations as appropriate in the area of program availability.
- (10) Assist and advise in any other area or areas that the Committee and the Bureau of Medicaid Administration and Coordination may determine appropriate from time to time.

Authority: *T.C.A. Section 14-1921. Administrative History. Original Rule filed September 29, 1979. Repealed and New Rule filed December 17, 1980: effective February 2, 1981.*

1200-13-3-.03 ORGANIZATION.

- (1) The Committee shall be composed of 15 voting members as follows: the Commissioner of the Department of Human Services, seven (7) Medicaid providers who are familiar with the medical needs of low-income population groups and with the resources available and required for their care, and seven (7) representatives of consumer groups and organizations including Medicaid recipients, labor unions, health maintenance organizations, etc. The seven (7) Medicaid providers will include the following health professionals:
 - (a) 1 Board-certified physician from a rural area
 - (b) 1 Board-certified physician from an urban area
 - (c) 1 Nurse
 - (d) 1 Dentist
 - (e) 1 Pharmacist
 - (f) 1 Hospital administrator
 - (g) 1 Nursing home administrator
- (2) Appointments and Terms of Office. Members may be appointed by the Governor from nominations submitted by appropriate professional organizations and consumer groups.

Initial appointments shall be made so that five terms will expire at the end of one year, five at the end of two years five at the end of three years. All subsequent appointments shall be for three-year terms. All members shall continue to serve until their successors are appointed. In the event of vacancies occurring before an individual's term has expired, appointments shall be made to fill the remainder of the unexpired term.

Appointments shall be made so as to assure that the membership is generally representative of the geographical distribution of the State and to assure that minorities and handicapped persons are members of the Committee.

(Rule 1200-13-3-.03, continued)

- (3) Officers. The Commissioner of Public Health shall annually appoint a Chairman of the Committee. The Chairman in turn shall select a Vice Chairman. The Chairman may appoint committees from time to time as he deems appropriate.
- (4) Meetings. The Committee shall meet at least once each year prior to the meeting of the Legislature. Such other meetings shall be held during the year as the Chairman and the Director of the Bureau of Medicaid Administration and Coordination deem necessary. The meeting dates will be established by the Chairman in consultation with the Medicaid Bureau Director.

Authority: T.C.A. Section 14-1921. **Administrative History.** Original Rule filed August 15, 1979; effective September 29, 1979. Repealed and New Rule filed December 17, 1980; effective February 2, 1981,